| IN THE UNITED STATES PATENT AND TRADEMARK OFFICE | | | | | | | |
|--|---|--|--|--|--|--|--|
| In re Patent Application of | | | | | | | |
| James | E. AUDIA | Group Art Unit: 1624 | | | | | |
| Applic | ation No.: 09/882,777 | Examiner: Bruck Kifle | | | | | |
| Filed: | June 14, 2001 | Confirmation No.: 1280 | | | | | |
| For: | POLYCYCLIC α-AMINO-ε-) CAPROLACTAMS AND RELATED) COMPOUNDS) | | | | | | |
| AMENDMENT/REPLY TRANSMITTAL LETTER | | | | | | | |
| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | |
| Sir: | | | | | | | |
| Enclosed is a reply for the above-identified patent application. | | | | | | | |
| [| [] A Petition for Extension of Time is also enclosed. | | | | | | |
| C | [] A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed. | | | | | | |
| [X] | X] Also enclosed is/are Notice of Appeal | | | | | | |
| [|] Small entity status is hereby claimed. | | | | | | |
| [| [] Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e). [] Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above. | | | | | | |
| | | | | | | | |
| | [] Applicant(s) previously submitted, on, for which continued examination is requested. | | | | | | |
| | | ection by the Office until at least, which he filing of this RCE, in accordance with | | | | | |

37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

| [] | A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) |
|----|--|
| | (1809/2809) is also enclosed. |
| | |

[X] No additional claim fee is required.

[] An additional claim fee is required, and is calculated as shown below:

| ** | * * 3.5 | AMENDED | CLAIM | Source of the second | and the second second |
|---------------------------|------------------|---|-----------------|----------------------|-----------------------|
| | No. Of Claims | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADD'L FEE |
| Total Claims | | MINUS = | | × \$18.00 (1202) = | |
| Independent Claims | | MINUS = | | × \$84.00 (1201) = | |
| If Amendment adds mu | ıltiple depend | dent claims, add \$28 | 0.00 (1203) | | |
| Total Claim Amendme | nt Fee | | | | |
| If small entity status is | claimed, sub | tract 50% of Total (| Claim Amend | ment Fee | **** |

| [|] | A total fe | e in the amount of \$ i | s enclosed. |
|---|---|------------|-------------------------|-------------|
| [|] | Charge \$ | to Deposit Account No | . 02-4800. |

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date:

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